


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91889 008 \*\*\*150.00

0649243 AT

<b>DOCUMENT #</b> F93000005406	
1. Entity Name <b>SUN QRS, INC.</b>	

Principal Place of Business <b>31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334</b>	Mailing Address <b>31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334</b>
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**11040543**



2. Principal Place of Business <b>27777 FRANKLIN RD.</b>	3. Mailing Address <b>27777 FRANKLIN RD.</b>
Suite, Apt. #, etc. <b>STE. 200</b>	Suite, Apt. #, etc. <b>STE. 200</b>

☐ CHECK HERE IF MAKING CHANGES

City & State <b>SOUTHFIELD, MI</b>	City & State <b>SOUTHFIELD, MI</b>
<b>48034</b> Country <b>US</b>	<b>48034</b> Country <b>US</b>

4. FEI Number <b>38-3143983</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD SHIFFMAN, GARY A 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>CFOS JORISSEN, JEFFREY P 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PD SHIFFMAN, GARY A 27777 FRANKLIN RD., STE. 200 SOUTHFIELD, MI 48034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CFOS JORISSEN, JEFFREY P. 27777 FRANKLIN RD., STE. 200 SOUTHFIELD, MI 48034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY P. JORISSEN 5/1/03 248-208-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)